

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Aaron McLearn		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Press Secretary		CB/D NUMBER		DIVISION OR BUREAU Press Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento		STATE California		ZIP 95814	

MONTH YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
9-Feb	10 a.m.	Sac- LA	222.48					158.70				0.00		502.36
10-Feb		LA	222.48					121.17				0.00		343.65
11-Feb	8 a.m.	LA						103.19 121.18				0.00		121.18
												0.00		0.00
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												0.00		0.00
SUBTOTALS			444.96	0.00	0.00	0.00	0.00	401.05	0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													949.19	\$967.19

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meetings in the LA area

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240933

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle is used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed.

scribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety

CLAIMANT'S SIGNATURE

DATE

3/3/10

SIGNATURE OF OFFICER

DATE

3/8/10

SIGNATURE OF T.

DATE